

ATTACHMENT A
Check List of Professional Services
DOE Project No. PS D13-001

General Information for Applicant:

- Firms will be automatically added to the Professional Services Qualified List for all projects checked provided that the Review Committee determines the firm is qualified to perform the type of work indicated.
- A letter of confirmation of the Professional Service categories that the firm has been qualified for shall be mailed within four (4) weeks after the deadline of submittals.
- The DOE does not guarantee that selections will be made for all projects from the Qualified List.
- The DOE reserves the right to combine similar type projects in each category and to select professionals to provide services for more than one project.

Directions: Please provide the following information.

Name of Professional/Firm (include dba if applicable):			
Business Address (may not be PO Box):			
Mailing Address (only if different):			
Telephone Number:		Facsimile Number:	
Federal Employer ID# or SSN (if sole proprietor):		State of HI GET#:	
Name of primary contact person:			
Title:			
email address:			
Name , title and email of alternate contact person:			
Type of business (corporation, sole proprietorship, not for profit, etc.):		Average # of employees over the past 5 years:	
Age of firm:		Today's Date:	
If Primary Business Address is not in Hawaii, does the Firm have a satellite office, a Local Representative or other Employees based in Hawaii?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate the specific Professional Service for which the firm wishes to be considered (check all that apply):			
<input type="checkbox"/> 1. Educational Therapist <input type="checkbox"/> 2. General Education & Training <input type="checkbox"/> 3. Education & Vocational Training <input type="checkbox"/> 4. Education Program <input type="checkbox"/> 5. Public Health Educator <input type="checkbox"/> 6. Education Research <input type="checkbox"/> 7. Education Services <input type="checkbox"/> 8. Instructional Systems			
Assemble your submittal and submit one (1) original as follows: 1. Transmittal letter dated and signed by an authorized representative of the firm. 2. Attachment A – (this completed form). 3. Attachment B – Client Project Information, one per project of interest. 4. *Education, training and qualifications of the professional or the firms key employees (recommended) 5. *Range of hourly rates and type and amounts of costs charged (optional). 6. *Any promotional or descriptive literature (optional). *Items 4, 5 and 6 may be submitted on a CD			

ATTACHMENT B
Client Project Information
DOE Project No. PS D13-001

Directions:

- Please provide information regarding recent projects your firm has completed.
- Complete one form per project/client, up to a maximum of five (5) clients who may be contacted.
- Any supplemental information related to each project of interest, although not required, should be attached to this respective Attachment B, Client Project Information sheet.

Name of Your Firm:	
<i>Name of Client:</i>	
<i>Name of Client Contact Person:</i>	
<i>Client's Phone Number:</i>	
<i>Date or period of project/service:</i>	
<i>Description of project/services rendered:</i>	
<i>Other Information or comments:</i>	
<input type="checkbox"/> <i>check here if supplemental information related to this project is attached.</i>	